



Please complete all information below and return to the Lobo Club via campus mail at MSC04 2680 or via fax at 925-5609 (5-5609 on campus).

UNM ID (not your social security number): \_\_\_\_\_  
Employee's Name (Last Name, First Name) : \_\_\_\_\_  
Employee Phone: \_\_\_\_\_ Department \_\_\_\_\_

**LOBO CLUB PAYROLL DEDUCTION FORM**

It is hereby mutually understood and agreed that for the purpose of contributions to the UNM Lobo Club, the Employee authorizes the UNM Payroll Department to withhold the following deduction.

I am paid:  Biweekly  Monthly

Please deduct: \$ \_\_\_\_\_ per pay period

Membership year donation goal: \$ \_\_\_\_\_

Start Date (Month/Year): \_\_\_\_\_ End Date (Month/Year): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The deduction specified above shall continue unchanged, unless the Employee gives 30 days written notification to the Lobo Club Office for cancellation or terminates their employment at the University.

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To terminate please complete the information below and return to the Lobo Club within 30 days.

Terminate payroll Deduction effective (MM/DD/YYYY) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>LOBO CLUB USE ONLY:</b>	
Staff Contact Name: _____	Membership Year: _____
Pay Period Ending : _____	Date Submitted: _____

<b>PAYROLL USE ONLY: Deduction Code G12</b>
Initials/Date _____ / _____